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|  | **Arts on Prescription Referral Form** |
| **Date of Referral:**  | **Referral via:** |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  Full Name: |  | Gender: |  |
| Full Address: |  | PAMS Complete | Yes No |
|  |  | NHS.NO |  |
| Tel: |  | First Language |  |
| GP Name: |  | Ethnicity |  |
| GP Practice: |  | D.O.B. |  |
| Lives with? |  | N.I. No. |  |
| Email  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Examples of the kind of issues that would create a referral.  | Social Isolation?Depression/ AnxietyVolunteeringMedical IssuesMental Health IssuesSelf-esteem/ confidence | Training EducationFinancial IssuesHousingChildren & Young People ServicesOther |
| One to One Support, Managing Health care and social needs together, utilising community VCF assets  | **Brief Reason for Referral** |
|  |

|  |  |
| --- | --- |
|  | **Next of Kin or Emergency contact:** |
| Full Name: |       |
| Full Address: |       |
| Tel: |       |
| Relationship: |       |
|  | **Referrer’s/ Contact’s Details**  |
| Name: |  | Team/Agency: |       |
| Tel No. |  | Email: |  |
| **Additional Information** |
| **Is it safe for a staff member to visit alone? Yes** **[ ]  No** **[ ]** **If no, please state why -** **Is there a risk of infection? Yes** **[ ]  No** **[ ]** **If yes, please specify -** **Please include any additional information relevant to this referral EG: behavioural / mental health issues:** |
| **If you Require Feedback Please Provide Contact Details Below** |
| Name |  | Email: |  |
| **Consent**Pendle Leisure Trust is registered with the Information Commissioner & complies with the Data Protection Act 1998 and GDPR (May 2018) amendments. Reg No: PZ5841488. The Legal Basis for collection of the above Personal Data is: Legitimate Interest.  |